


March 14, 2025

Clerk, U.S. Bankruptcy Court

IT IS ORDERED that the application below is approved.



PETER C. MCKITTRICK
U.S. Bankruptcy Judge

UNITED STATES BANKRUPTCY COURT
DISTRICT OF OREGON

In re:

**SHERWOOD HOSPITALITY GROUP, LLC AND DVKOCR
TIGARD, LLC;**

Debtor(s)

Plaintiff(s)

v.

Defendant(s)

Case No: **25-30484**

APPLICATION FOR SPECIAL
ADMISSION *PRO HAC VICE*,
AND ORDER THEREON

Adv. Proc. No. (if applicable): _____

The undersigned, attorney for the following named party(s): **Hilton Franchise Holding LLC**
_____, moves for admission of the following attorney *pro hac vice*:

(a) APPLICANT ATTORNEY INFORMATION

(1) Personal Data:

(A) Attorney's Name: **Daniel M. Eliades, Esq.**

(B) Firm or Business Affiliation: **K&L Gates LLP**

(C) Mailing Address: **One Newark Center, 10th Floor, Newark, NJ 07102**

(D) Business Telephone Number: **973-848-4018**

(E) Fax Telephone Number: **973-848-4001**

(F) E-Mail Address: **daniel.eliades@klgates.com**

- (2) **Bar Admissions Information:** I certify that I am now a member in good standing of the following State and/or Federal Bar Association:

(A) State Bar Admissions, Standing, Admissions Date and BAR ID Number:

New Jersey - 030851990 - 12/20/1990; Washington - 54991 - 2019

(B) Federal Bar Admissions, Standing, Admissions Date and BAR ID Number:

US Court of Appeals 3rd Circuit; USDC - Central Illinois, New Jersey, Western Washington, Eastern Michigan

- (3) **Certification of Disciplinary Proceedings:** Western Michigan, Western Wisconsin, Northern Florida and Colorado

☒ I certify that I am not now, nor have I ever been subject to any disciplinary action by any State or Federal bar association or administrative agency.

☐ I certify that I am now, or have been subject to disciplinary action from a State or Federal bar association or administrative agency (see attached letter of explanation).

- (4) **Certification of Professional Liability Insurance:** I certify that I have a current professional liability insurance policy that will apply in this case, and that the policy will remain in effect during the course of these proceedings.

(b) **CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:** I certify that:

- (1) I am a member in good standing of the Bar of this court, and that I will serve as designated local counsel in this particular case.

- (2) I have verified the information supplied by the applicant in pt. (a)(2).

(3) **Local Counsel's Personal Data:**

(A) Name and Oregon State Bar ID Number: **Brandy A. Sargent, Esq. - Bar No.: 045713**

(B) Firm or Business Affiliation: **K&L Gates LLP**

(C) Mailing Address: **One SW Columbia Street, Suite 1900, Portland, OR 97204**

(D) Business Telephone Number: **503-226-5735**

(E) Fax Telephone Number:

(F) E-Mail Address: **brandy.sargent@klgates.com**

- (4) **Meaningful Participation Requirements:** I certify that I have discussed the participation requirements of LR 83-3 with my associate counsel.

(c) **SIGNATURES OF COUNSEL**

/s/ Brandy A. Sargent, Esq.

Local Counsel

NAME: **Brandy A. Sargent**

ADDRESS: **One SW Columbia Street, Suite 1900
Portland, OR 97204**

PHONE: **503-226-5735**

/s/ Daniel M. Eliades, Esq.

Special Admissions Applicant

NAME: **Daniel M. Eliades, Esq.**

ADDRESS: **One Newark Center, 10th Floor
Newark, NJ 07102**

PHONE: **973-848-4018**